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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

KAZUYUKI SHIGETA

Application No.: 09/873,293

Filed: June 5, 2001

For: DISPLAY CONTROL SYSTEM FOR
DISPLAYING IMAGE INFORMATION
ON MULTIPLE AREAS ON A
DISPLAY SCREEN

) : Examiner: K.T. Nguyen

) : TC/Art Unit: 2674

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MAR 03 2004

Technology Center 2600

February 25, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND PETITION FOR EXTENSION OF TIME

Sir:

Applicant petitions to extend the time for response to the Office Action dated November 7, 2003, to and including March 7, 2004. A check in the amount of \$110.00 for payment of the extension fee is enclosed. Please charge any additional fee required for the extension, or credit any overpayment, to Deposit Account 06-1205.

The Examiner is respectfully requested to amend the above-identified application as follows:

amendments to the claims are presented in the listing that begins on page 3; and remarks begin on page 16.



In re Application of:

Docket No. 03560.002816

KAZUYUKI SHIGETA

Application No.: 09/873,293

Examiner: K.T. Nguyen

Filed: June 5, 2001

TC/Art Unit: 2674

For: DISPLAY CONTROL SYSTEM FOR DISPLAYING
IMAGE INFORMATION ON MULTIPLE AREAS
ON A DISPLAY SCREEN

Date: February 25, 2004

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

MAR 03 2004

Sir:

Technology Center 2600

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 30	MINUS	** 30	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 5	MINUS	*** 5	= 0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

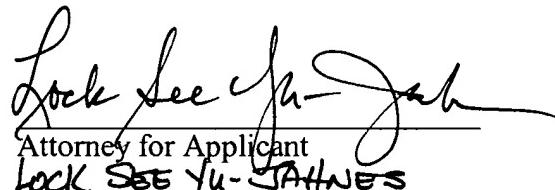
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Verified Statement claiming small entity status is enclosed, if not filed previously.

- A check in the amount of \$_____ is enclosed.
- Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$110.00 to cover the fee for a one-month extension is enclosed.
- A check in the amount of \$180.00 to cover the fee for the Information Disclosure Statement submitted herewith is enclosed.
- Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Lock See Yu-JAHNES
Registration No. 38,667

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120

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